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May 18, 2004

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CERTIFICATE OF MAILING OR TRANSMISSION

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Date: May 18, 2004

Name: Jacqueline Wilson

Signature: Jacqueline Wilson

Re: Patent Application for:
"METHOD AND APPARATUS FOR INTERFERENCE REJECTION"
Serial No. 09/549,559
Attorney Docket No. P11914-US1

Dear Sir or Madam:

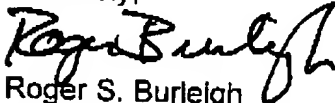
Enclosed for filing please find the following items relating to the above-identified application:

- (1) Transmittal Letter (1 page)
- (2) Response under 37 C.F.R §1.116 (6 pages)

There is no additional fee for this filing. The commissioner is hereby authorized to charge payment of any additional filing fees required associated with this communication or credit any overpayment to Deposit Account No. 50-1379.





If you have any questions or comments concerning this matter, please feel free to contact the undersigned at 972-583-5799.

Sincerely,


Roger S. Burleigh
Intellectual Property Counsel

RSB/jw

Ericsson Inc.
6300 Legacy Drive
Plano, Texas 75024

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. P11914-US1											
Applicant(s): Mats Cedervall, et al.															
Serial No. 09/549,559	Filing Date April 14, 2000	Examiner Edith M. Chang	Group Art Unit 2634												
Invention: METHOD AND APPARATUS FOR INTERFERENCE REJECTION															
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.															
CLAIMS AS AMENDED															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE										
TOTAL CLAIMS	5 -	29 =	0 x	\$18.00	\$0.00										
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00										
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 50-1379 in the amount of \$0.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1379 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.															
 Roger S. Burlaigh Reg No. 40,542			Dated: May 18, 2004												
Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11 Plano, TX 76024			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Certificate of Mailing or Transmission</td> </tr> <tr> <td colspan="2"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below. </td> </tr> <tr> <td style="text-align: center;">  Signature: </td> <td></td> </tr> <tr> <td style="text-align: center;">Jacqueline Wilson</td> <td style="text-align: center;">05/18/04</td> </tr> <tr> <td colspan="2" style="text-align: center;">Depositor's Name and Date</td> </tr> </table>			Certificate of Mailing or Transmission		I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.		 Signature:		Jacqueline Wilson	05/18/04	Depositor's Name and Date	
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 Signature:															
Jacqueline Wilson	05/18/04														
Depositor's Name and Date															
cc:															

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